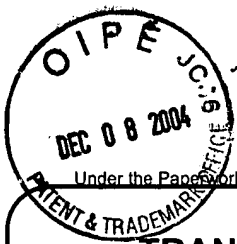


IPW



PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/689,475	
	Filing Date	October 20, 2003	
	First Named Inventor	Dean J. Secrest	
	Art Unit	3763	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	22344/04014

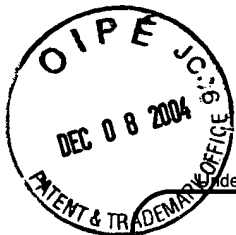
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Calfee, Halter & Griswold LLP		
Signature			
Printed name	William A. Johnston		
Date	December 3, 2004	Reg. No.	47,687

CERTIFICATE OF TRANSMISSION/MAILING			
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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/689,475
Filing Date	October 20, 2003
First Named Inventor	Dean J. Secrest
Title	DUODENOSCOPE NEEDLE
Art Unit	3763
Examiner Name	Not Yet Assigned
Attorney Docket Number	22344/04014

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24024

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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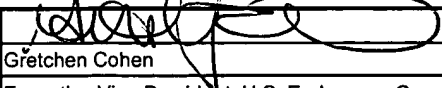
Country

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Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	12-1-04
Name	Gretchen Cohen	Telephone	(440) 639-6460
Title and Company	Executive Vice President, U.S. Endoscopy Group, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/689,475
Filing Date	October 20, 2003
First Named Inventor	Dean J. Secrest
Art Unit	3763
Examiner Name	Not Yet Assigned
Attorney Docket Number	22344/04014

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

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☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

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Fax

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Gretchen Cohen

Date

12-1-04

Telephone

(440) 639-6460

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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